

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

06/22/1999

PRODUCER

Serial # 508228

Aon Risk Services, Inc.
1660 W. 2nd St., Suite 650
Cleveland, OH 44113
(216) 621-8100

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A OLD REPUBLIC INSURANCE CO. - NAIC #24147

COMPANY

ROADWAY EXPRESS, INC.
P.O. BOX 471
1077 GORGE BLVD.
AKRON, OH 44309

COMPANY
CCOMPANY
D

HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED
HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS, EXCLUSIONS AND
LIMITS OF THE POLICIES DESCRIBED HEREIN. THIS CERTIFICATE DOES NOT
HAVE BEEN REDUCED BY PAID CLAIMS.

| POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|-------------------------------------|--------------------------------------|--------------------------------|
| 7/01/99 | 7/01/00 | GENERAL AGGREGATE \$ 1,000,000 |

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| 1,000,000 | 1,000,000 | 1,000,000 | 100,000 | 10,000 | 1,000,000 |
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| 1,000,000 | 1,000,000 | 1,000,000 | 100,000 | 10,000 | 1,000,000 |
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| 1,000,000 | 1,000,000 | 1,000,000 | 100,000 | 10,000 | 1,000,000 |
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| 1,000,000 | 1,000,000 | 1,000,000 | 100,000 | 10,000 | 1,000,000 |
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| 1,000,000 | 1,000,000 | 1,000,000 | 100,000 | 10,000 | 1,000,000 |
|-----------|-----------|-----------|---------|--------|-----------|

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW
INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION
OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED
HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS, EXCLUSIONS AND
LIMITS OF THE POLICIES DESCRIBED HEREIN. THIS CERTIFICATE DOES NOT
HAVE BEEN REDUCED BY PAID CLAIMS.

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER |
|-----------|---|---------------|
| A | GENERAL LIABILITY | ZY54131 |
| | PRODUCTS - COMP/OP AGG | \$ |
| | PERSONAL & ADV. INJURY | \$ |
| | EACH OCCURRENCE | \$ |
| | FIRE DAMAGE (Any one fire) | \$ |
| | MED EXP (Any one person) | \$ |
| | COMBINED SINGLE LIMIT | \$ |
| | BODILY INJURY (Per person) | \$ |
| | BODILY INJURY (Per accident) | \$ |
| | PROPERTY DAMAGE | \$ |
| | AUTO ONLY - EA ACCIDENT | \$ |
| | OTHER THAN AUTO ONLY: | |
| | EACH ACCIDENT | \$ |
| | AGGREGATE | \$ |
| | EACH OCCURRENCE | \$ |
| | AGGREGATE | \$ |
| | EL EACH ACCIDENT | \$ |
| | EL DISEASE - POLICY LIMIT | \$ |
| | EL DISEASE - EA EMPLOYEE | \$ |
| | EXCESS SELF INSURED IN TRANSIT/AT TERM. PHYSICAL DAMAGE | \$ |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

TO WHOM IT MAY CONCERN

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO
GIVE 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE
BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY
OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25-S (1/95)

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